

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 6

2. STATE:

NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2001

REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, page 3

10. SUBJECT OF AMENDMENT:

Mandatory Income Eligibility Limit Increases

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Comments, if any, will
follow

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Donald L. Shumway

14. TITLE:

Commissioner

15. DATE SUBMITTED:

June 18, 2001

16. RETURN TO:

Maralyn G. Doyle
Office of Program Support
Dept. of Health and Human Services
129 Pleasant St.
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 29, 2001

18. DATE APPROVED:

July 19, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Heon for R. Preston

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

<u>185% (7/1/94)</u>	
<u>Family Size</u>	<u>Income Level</u>
1	\$ 1,325
2	1,790
3	2,256
4	2,722
5	3,187

TN No. 01-006
Supersedes
TN No. 00-003

Approval Date

7/19/01

Effective Date 04/01/2001

HCFA ID: 7985E